DOCUMENTATION NEEDED FOR ENROLLMENT INTO THE COMMUNITY HEALTH CARE NETWORK

Identification for EACH family member: (Please bring ONE of the following)	
□ Social Security Card	
□ Birth Certificate	
□ Baptismal Record	
□ School Report Card	
□ WIC Record	
□ Photo ID Card	
If you are not the biological parent of one or more minors living in your home, please bring proof of adoption, guardianshi	n or
foster parent status.	, 0,
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Intent to remain in Fairfax County for EACH family member: (Please bring IF applicable to you and/or any family	
member)	
□ Passport	
□ Visa	
□ INS documentation	
Depending on your situation, this documentation <u>may or may not</u> be required. If you have a passport, visa or any	
documentation from the INS regarding your residency status, please bring it with you.	
accumentation from the 1145 regarding your residency status, piedse bring it with you.	
Proof of 9-Month Residence in Fairfax County: (Please bring ONE of the following)	
□ Car registration	
☐ Lease with your name and address	
☐ Mortgage or tax bill	
□ Letter from homeless shelter	
□ Notarized statement from person with whom you are living PLUS a utility bill with the name and address of the pe	rson
with whom you are living	
Proof of Income: (for EACH employed household member, for EACH job held)	
☐ Most recent income tax return	
inost recent income tax return	
AND one of the following:	
Pay stubs for the past month	
☐ Income and insurance verification form (provided by enrollment office)	
☐ Copy of social security and/or SSI award letter, General Relief check, proof of TANF payment, copy of pension	
payments, court order regarding alimony and/or child support payments to you	
If you are currently unemployed and supported by a friend or family member, bring in a notarized statement from the person	n
supporting you stating how long they have helped you and how long they plan to continue supporting you.	ι
supporting you stating now long they have neeped you and now long they plan to continue supporting you.	
December 11 and 12 and 13 and 14 and 15 and	
Proof of Insurance: (for EACH household member)	
□ Proof that you are <u>ineligible</u> for Medicaid, Medallion or FAMIS	
☐ If employed, please have your employer complete the income and insurance verification form	
Other Required Documentation:	
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□ Other:	
☐ Two (2) months of most recent bank statements, both checking and savings	
Copies of on-going monthly hills including rent/mortgage utilities phones car payments etc.	

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